

Maryland Department of Human Resources Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201

Office: 410.767.7871 Fax: 410.333.8408

RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Changing Lives at Home, Inc.

Licensing Agency: DHR Contracting Agency(s): DHR

Program Administrator: Latrill Bryant Bass **Certification** # A00106 **Exp. Date:** 12/13/17

Type of Inspection: Mid-licensure

| Site Name | Gender | Age Range | License Capacity | DHR Contract Limit | License#/ Exp. date | Date of site Inspection |
|----------------|--------|--------------|---------------------|--------------------------|------------------------|----------------------------|
| Changing Lives | Female | 15-19 | 5 | 5 | #00496 6/14/2018 | 6/26/17 |

Inspection Summary

| Number of Records Reviewed: | Youth | 10 | Staff | 7 |
|-----------------------------|-------|----|-------|---|
|-----------------------------|-------|----|-------|---|

Number of Interviews: Youth 0 Staff 0

Physical Plant Inspection: APPROVED

COMAR Violation: Yes X No

If Yes, list Cited Violation(s) below:

| Violation(s) | Findings | | |
|---------------------------------------|---|--|--|
| 14.31.06.17C(2) See CAP Summary Sect. | One of 10 records did not have initial assessment | | |
| 14.31.06.17B(5) | One of 10 records did not have an evaluation | | |
| 14.31.06.12A | One of 10 records did not have documentation of education | | |
| 14.31.06.17B | Three of 10 records did not have admission intake forms | | |
| 14.31.06.17C(1) | 1 of 10 records did not have an 3 day assessment | | |
| 14.31.06.07E(5) | 4 out of 5 bedrooms were not clean. | | |
| 14.31.06.07A(1) | 1 bedroom did not have a smoke detector | | |
| 14.31.06.05E(1) | One of seven records did not have a current TB screening | | |
| 14.31.06.07C(1) | Living Room ceiling had a leak. | | |
| 14.31.06.13C(3) | One record out of 5 medication log list had the incorrect name | | |
| 14.31.06.13C(3)(a) | One record out of 5 indicated client had several bottles of the same medication | | |
| 14.31.06.13C | Two records out of 5 did not complete the medication log sheet. | | |

Corrective Action Plan: Yes X No ____ If yes, date of CAP: 9,/26/16-12/6/16-3/22/17

Complaint Outcome: N/A

Current Status of License: Continued

Licensing

Coordinator: Odetta Bulluck Date: 7/14/17 Email: Odetta.squire-bulluck@maryland.gov.

Program Manager: André Thomas Date: 7/14/17 Email: andre.thomas@maryland.gov

DHR/OLM (RCC) Updated: 12/11/2013